



## Contractor's License Application

# CITY OF TRINIDAD

P.O. Box 880

TRINIDAD, COLORADO 81082

TELEPHONE (719) 846-9843

FAX (719) 846-0952

**INSTRUCTIONS TO APPLICANT:** Contractors are required to comply with applicable federal, state and local safety and health laws, regulations and ordinances. Inaccurate or incomplete information may result in denial or revocation of license. Complete this form in its entirety. Fees and insurance certificates are due at the time of application. Application fee is non-refundable.

License Type Requested: \_\_\_\_\_ **A** (General) \_\_\_\_\_ **B** (Building 3 stories or less) \_\_\_\_\_ **C** (Residential only)  
\_\_\_\_\_ **D** (Specify i.e. roofing, excavating, signs, etc.) \_\_\_\_\_

Business Name: \_\_\_\_\_ Type: LLC Sole Proprietor Corp.  
Other (specify) \_\_\_\_\_

Business Address: \_\_\_\_\_ Contact: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

### EMPLOYEE CONTACTS:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Testing Information

Proof of ICC Testing is required for all A, B, C and D/Mechanical and Roofing licensing. **Attach certification.**

License Type: \_\_\_\_\_ Candidate ID: \_\_\_\_\_ Exam Date: \_\_\_\_\_

**For Official Use Only**

☐ ICC Certificate Provided

## Insurance Requirements

A certificate of insurance must be furnished. The certificate must:

1. identify the City of Trinidad, P. O. Box 880, Trinidad, CO 81082 as certificate holder/additional insured,
2. specify a description of work covered,
3. reflect the following coverage limits,
  - a. General Aggregate: \$2,000,000.00
  - b. Products, completed operations: \$2,000,000.00
  - c. Personal and advertising injury: \$1,000,000.00
  - d. Each Occurrence: \$1,000,000.00
  - e. License & Permit Bond: \$ 5,000.00 \*all new licenses & revoked/suspended licensees
4. proof of workers compensation coverage

**NOTE: UPON INSURANCE EXPIRATION, CONTRACTOR LICENSE IS SUSPENDED.**

**For Official Use Only**

☐ Insurance Provided

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## Business References

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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☐ References Checked

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## Fee Requirements

New License Application Fee	\$ 50.00
Contractor A License Fee	\$150.00
Contractor B License Fee	\$125.00
Contractor C License Fee	\$100.00
Contractor D License Fee	\$ 75.00 each license

**For Official Use Only**

☐ Fees Paid

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## Acknowledgement

I acknowledge that all of the information stated on this application is accurate.

**Signed:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_